

Print Application

Clear Fields

244651 SA/825

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from 1:57
John Doe dba Doe's Limo

Application to Amend Tariff
William Seabrook Jr. dba
Seabrook Transfer Co.

BEFORE THE 244718
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2018-251-T
NUMBER: 2007 - 344 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: William Seabrook Jr.

Telephone: 843-723-6917

Address: 190 Gordon St
Charleston, SC 29403

Fax:
Other: 843-460-8489

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other paper as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input checked="" type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS E AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: June 13, 2013

I have the following Certificate of Public Convenience and Necessity:

☒ Class E Household Goods # 9768 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: _____

(Current Name)

(Current DBA, if Applicable)

To: _____

(New Name)

(New DBA, if Applicable)

☐ **Scope of Authority**

(Current Scope)

(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☒ **Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)**

William Seabrook, Jr.

(Name)

190 Gordon St.

(Street and/or Mailing Address)

William Seabrook, Jr.

(Signature)

(843) 723-6917

(Telephone Number)

Seabrook Transfer Co.

(DBA if applicable)

Charleston, South Carolina 29403

(City, State, Zip Code)

Owner

(Title) Owner, President, etc.

RECEIVED

Telephone 723-6917

2015 JUN 14 PM 1:57

SEABROOK TRANSFER CO. SC PUBLIC SERVICE
COMMISSION

Charleston, S.C.

LOCAL MOVING • PACKING

The Reference to moving Rates Charges

Current Rates

4 men 95.00 per hour
3 men 80.00 per hour
2 men 65.00 per hour
1 men 50.00 per hour

Purposed Rates

4 men 110.00 per hour
3 men 100.00 per hour
2 men 90.00 per hour
1 man 80.00 per hour
1 hour traveling time